

UNITED STATES BANKRUPTCY COURT
NORTHERN District of ILLINOIS

In Re: RYLE, GINA L. Case No. _____
Debtor (if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.

☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.][Must be accompanied by a motion for determination by the court.]

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor Gina L. Ryle

Date: _____

UNITED STATES BANKRUPTCY COURT

NORTHERN District of ILLINOIS

In Re: RYLE, GINA L.
Debtor

Case No. _____
 (if known)

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------|------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 5 | \$2,914.00 | | |
| C - Property Claimed as Exempt | Yes | 2 | | | |
| D - Creditors Holding Secured Claims | Yes | 2 | | \$6,594.00 | |
| E - Creditors Holding Unsecured Priority Claims | Yes | 3 | | \$3,759.10 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 7 | | \$24,985.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | 1,450.00 |
| TOTAL | | 24 | \$2,914.00 | \$35,338.10 | |

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SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor holds no interest in real property, write "None" under "Description and Location of Property".

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim".

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|---|------------------------------------|---|-------------------------|
| none | | | | |
| Total | | | \$0.00 | |

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SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None". If additional space is needed in any category, attach a separate sheet properly identified with the same case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state the person's name and address under "Description and Location of Property".

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption |
|--|------|---|------------------------------------|---|
| 1. Cash on hand. | | on her person | | 100.00 |
| 2. Checking, savings or other financial accounts, CD's, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses or cooperatives. | | Bank of America, Buffalo Grove, IL Savings and Checking: end of month bal. | | 25.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | | at her residence | | 1,000.00 |

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| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption |
|--|------|--------------------------------------|------------------------------------|---|
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | | at her residence | | 100.00 |
| 6. Wearing apparel. | | at her residence | | 500.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. | X | | | |
| 12. Interest in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | Fidelity/SEP-IRA | | 189.00 |

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(if known)

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption |
|---|------|--|------------------------------------|---|
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | | -parties are separated, but not divorced | | |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in real estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |

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| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption |
|--|------|---|------------------------------------|---|
| 21. Other contingent or unliquidated claims of every nature, including tax refunds, counter-claims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | at her residence: 2000 Infiniti I30, bought used from Kristen Anchor, still owing \$650.00, | | 1,000.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |

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(if known)

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption |
|--|------|--------------------------------------|------------------------------------|---|
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| Total | | | | \$2,914.00 |

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SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds
\$155,675.*

☒ 11 U.S.C. § 522(b)(2)

☐ 11 U.S.C. § 522(b)(3)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|-------------------------|--------------------------------------|----------------------------|---|
| on her person | 735-5/12-1001(b) | 100.00 | 100.00 |
| | 735-5/12-1001(b) | 25.00 | 25.00 |
| at her residence | 735-5/12-1001(b) | 1,000.00 | 1,000.00 |
| at her residence | 735-5/12-1001(b) | 500.00 | 500.00 |
| Fidelity/SEP-IRA | 735-5/12-1006 | 189.00 | 189.00 |

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| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--------------------------------------|----------------------------|---|
| at her residence: 2000 Infiniti I30, bought used | 735-5/12-1001(c) | 1,000.00 | 1,000.00 |

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Case No.

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(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Creditor's Name and Mailing Address Including Zip Code | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred, Nature of Lien, and Description and Value of Property Subject to Lien | Contingent | Unliquidated | Disputed | Amount of Claim Without Deducting Value of Collateral | Unsecured Portion, If Any |
|--|---|---|------------|--------------|----------|--|------------------------------|
| 15 M1 10497 | | Judgment on Accident | | | X | 2,170.00 | -0 |
| Simon & McCloskey, LTD for State Farm Ins. 805 N. Milwaukee Ave., Chicago, IL 60642 | | VALUE \$ 0 | | | | | |
| 15 SC 37777 | | Judgment on collection | | | X | 1,119.00 | 0 |
| Jerry M. Salzberg, Esq., for Buffalo Grove Oral Surgery PO Box 5718 Elgin, IL 60121 | | VALUE \$ 0 | | | | | |
| 4121742451578051 | | Judgment on collection | | | X | 550.00 | 0 |
| Blatt Hassenmiller, for Capital One 125 S. Wacker Dr., Ste.400 Chicago, IL 60606 | | VALUE \$ 0 | | | | | |
| Subtotal (Total of this page) | | | | | | \$3,839.00 | \$0.00 |
| Total (Use only on last page) | | | | | | | |

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

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(if known)

| Creditor's Name and Mailing Address Including Zip Code | Code Debtor Husband, Wife, Joint, or Community | Date Claim was Incurred, Nature of Lien, and Description and Value of Property Subject to Lien | Contingent | Unliquidated | Disputed | Amount of Claim Without Deducting Value of Collateral | Unsecured Portion, If Any |
|--|--|---|------------|--------------|----------|--|------------------------------|
| 98 M3 002991 | | Judgment on collection | | | X | 1,755.00 | 0 |
| Mages & Price, for Dr. Chorzempa & Zia 400 Central Ave., #320 Northfield, IL 60093 | | VALUE \$ 0 | | | | | |
| xxx2000 | | used '00 auto | | | | 1,000.00 | 0 |
| Kristen Anchor 3460 Executive Dr. Marengto, IL 60152 | | VALUE \$ 1000.00 | | | | | |
| Account Number: | | | | | | | |
| | | VALUE \$ | | | | | |
| Account Number: | | | | | | | |
| | | VALUE \$ | | | | | |
| Account Number: | | | | | | | |
| | | VALUE \$ | | | | | |
| Account Number: | | | | | | | |
| | | VALUE \$ | | | | | |
| Account Number: | | | | | | | |
| | | VALUE \$ | | | | | |
| Account Number: | | | | | | | |
| | | VALUE \$ | | | | | |
| Subtotal (Total of this page) | | | | | | \$2,755.00 | \$0.00 |
| Total (Use only on last page) | | | | | | \$6,594.00 | |

(Report also on
Summary of
Schedules.)(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

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SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of this petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTR, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 04/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Type of Priority

| Creditor's Name and Mailing Address Including Zip Code | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred, and Consideration for Claim | Contingent | Unliquidated | Disputed | Total Amount of Claim | Amount Entitled to Priority | Amount Not Entitled to Priority, If Any |
|--|---|--|------------|--------------|----------|--------------------------|-----------------------------------|--|
| PO665656: Village of Arlington Heights/Armor Systems 2322 N. Green Bay Rd. Waukegan, IL 60087-4209 | | ord violation | | | X | 65.00 | 65.00 | 0 |
| 7231552 Village off Palatine/Armor Systems 1700 Kiefer Dr., #1 Zion, IL 60099 | | ord violation | | | X | 75.00 | 75.00 | 0 |
| 3427/INV 4000004026 Village of Lake Zurich 125 E. Lake Cook Rd., #107 Lake Zurich, IL 60089 | | ord. viol. | | | X | 20.00 | 20.00 | 0 |
| 43323835 Arnold Scott Hariris/Illinois Tollway Authority 111 W. Jackson Blvd. #600 Chicago, IL 60604-4135 | | unpaid tolls | | | X | 1,429.10 | 1,429.00 | 0 |
| 14271E)97488 Elman Law Group/Illinois State Tollway Authority 212 W. Washington St., #1208 Chicago, IL 60606 | | accident | | | | 2,170.00 | 2,170.00 | 0 |
| Account Number: | | | | | | | | |
| Subtotal (Total of this page) | | | | | | \$3,759.10 | \$3,759.00 | \$0.00 |
| Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) | | | | | | \$3,759.10 | | |
| Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | \$3,759.00 | |

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| Creditor's Name and Mailing Address Including Zip Code, and Account Number | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|---|---|------------|--------------|----------|-----------------|
| 8798 10 072 0193140 Comcast 2508 W. Route 120 McHenry, IL 60050 | | unable to pay cable | | | X | 295.00 |
| 00317602-2011 RepWest Insurance Group PO Box 21688 Phoenix, AZ 85036 | | siputed ins. claim | | | X | 1,919.00 |
| 1010687 TriCounty Accts / DuPage Medical Group PO Box 515 Wheaton, IL 60189 | | unpaid account | | | X | 91.00 |
| 06391950 MECU-Motoral Employees Credit Union 1205 E. Algonquin Rd. Schaumburg, IL 60196 | | ? | | | X | 3,855.00 |
| Subtotal | | | | | | \$6,160.00 |
| Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | \$6,160.00 |

0 continuation sheets attached

In Re:

RYLE, GINA L.

Document

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Case No.

| Debtor | | (if known) | | | |
|---|---|---|------------|--------------|------------|
| Creditor's Name and Mailing Address Including Zip Code, and Account Number | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed |
| 1014 | | Payday loan | | | X |
| KCA Financial/Amogo Mart Payday Loans 628 North Street Beneva, IL 60134 | | | | | |
| xxxx | | bal. held | | | X |
| Northwest Holding/Ken Lebovic 977 Happfield Dr. Arlington Heights, IL 60004 | | | | | |
| 285 | | unpaid child matter | | | X |
| Pediatric & Adol. Center SC 125 E. Lake Cook Roda, | | | | | |
| xxxx | | ?? | | | X |
| Orchard Bank, now Capital One | | | | | |
| 46792248 | | unpaid on cancelled policy | | | X |
| Progressive Insurance Dept 0561 Carol Stream, IL 60132 | | | | | |
| 015505 | | unpaid vet. bill | | | X |
| Grove Animal Hospital 600 N. McHenry Rd. Buffalo Grove, IL 60089 | | | | | |
| 5072025065 | | unpaid elect. bill ? | | | X |
| ComEd PO Box 6111 Carol Stream, IL 60197 | | | | | |
| Subtotal | | | | | \$3,778.00 |
| Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | \$9,938.00 |

In Re:

RYLE, GINA L.

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Case No.

| Debtor | | (if known) | | | |
|---|---|---|------------|--------------|-------------|
| Creditor's Name and Mailing Address Including Zip Code, and Account Number | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed |
| 1-33-63-4975-6 | | unpaid gas bill | | | X |
| Nicor Energy PO Box 310 Aurora, IL 60507 | | | | | |
| 17180455 | | misc. credit | | | X |
| NCO Financial Systems PO Box 41457 Philadelphia, PA 19101 | | | | | |
| 0195675 | | unpaid visit | | | X |
| Scott D. Glazer 600 W. Lake Cook Rd., #110 Buffalo Grove, IL 60089 | | | | | |
| 084-2-8447590523 | | deductilbe balance | | | X |
| Northwests Radiology Assoc. 520 E. 22nd St. Lombard, IL 60148 | | | | | |
| 5414907547085873 | | misc. credit | | | X |
| Tate & Kirlin Assoc / Cross Country Bank 2810 Southampton Rd. Philadelphia, PA 19154 | | | | | |
| 29098620 | | unpaid hospital bill | | | X |
| Northwest Community Hospital / RPM, Inc. 2800 S. River Rd., #450 Des Plaines, IL 60018 | | | | | |
| 29005320 | | unpaid hospital bill | | | X |
| Northwest Community Hospital / RPM, Inc. 2800 S. River Rd., #450 Des Plaines, IL 60018 | | | | | |
| Subtotal | | | | | \$4,151.00 |
| Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | \$14,089.00 |

In Re:

RYLE, GINA L.

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Case No.

| Debtor | | (if known) | | | | |
|--|---|---|------------|--------------|----------|-----------------|
| Creditor's Name and Mailing Address Including Zip Code, and Account Number | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
| 0199352131-C | | medical visit, 11/18/99 | | | X | 185.00 |
| Northwest Community Hospital 880 W. Central Rd., Arlington Heights, IL 60005 | | | | | | |
| 866-6958893 | | ?? | | | X | 174.00 |
| BMG Music /Trident Asset Mgmt 53 Peimeter Cernter, #440 Atlanta, GA 30346 | | | | | | |
| WQ8184 | | unpaid ambulance for daughter | | | X | 993.00 |
| Advantage Ambulance / Choice Recovery, Inc. PO Box 20790 Columbus, OH 43220 | | | | | | |
| 13779827 | | bal. on dred card | | | X | 663.00 |
| Cabalry Portfolio Services / HSBC Household Bank Nevada 29125 Solon Rd., Solon, OH 44139-3442 | | | | | | |
| 4185866262264636 | | crd card | | | X | 1,447.00 |
| Midland Credit Mgmt / Washington Mutual PO Box 60578 Los Angeles, CA 90060 | | | | | | |
| xxxx | | crd. card | | | X | 517.00 |
| Credit One PO Box 98873 Las Vegas, NV 89193 | | | | | | |
| 588 | | unpaid loan | | | X | 193.00 |
| Check Into Cash 1049 Lake Cook Rd., Wheeling, IL 60090 | | | | | | |
| Subtotal | | | | | | \$4,172.00 |
| Total | | | | | | |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | |

In Re:

RYLE, GINA L.

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Case No.

| Debtor | | (if known) | | | | |
|--|--|---|------------|--------------|----------|-----------------|
| Creditor's Name and Mailing Address Including Zip Code, and Account Number | Code Debtor Husband, Wife, Joint, or Community | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
| xxxx | | closed account | | | X | 119.00 |
| TCF Bank 8690 East Point Douglas Rd., South Cottage Brove, MN | | | | | | |
| xxxx | | closed acct., this creditor closed out of bus. | | | X | |
| Chicago Health Club/ Bally's Fitness | | | | | | |
| 101 | | bal. on lease | | | X | |
| Gody Sarrafi 380 E. Northwest Hghwy, 300 Des Plaines, IL 60016 | | | | | | |
| 62006666 8 | | deductilbe | | | X | 200.00 |
| Northwest Community Hospital / Mira Med REvenue Group PO Box 77000 Detroit, MI 48277-0304 | | | | | | |
| 6343585 6 | | ER deductilbe | | | X | 219.00 |
| Northwest Community Hospital / Mira Med REvenue Group PO Box 77000 Detroit, MI 48277-0304 | | | | | | |
| 6298735 9 | | ER Ded. | | | X | 219.00 |
| Northwest Community Hospital / Mira Med REvenue Group PO Box 77000 Detroit, MI 48277-0304 | | | | | | |
| 75555911 | | med. for daughter. | | | X | 219.00 |
| Northwest Community Hospital 800 W. Central Rd. Arlington Heights, IL 60005 | | | | | | |
| Subtotal | | | | | | \$976.00 |
| Total | | | | | | |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | |

In Re:

RYLE, GINA L.

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Case No.

| Debtor | | (if known) | | | | |
|--|---|---|------------|--------------|----------|-----------------|
| Creditor's Name and Mailing Address Including Zip Code, and Account Number | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
| 1395 | | med for daughter | | | X | 140.00 |
| Pediatric & Adol. Center 125 E. Lake Cook Rd., 107 Buffalo Grove, IL 60089 | | | | | | |
| 4063670 | | daughter's med | | | X | 127.00 |
| IL Collection Services/Pediatric Faculty Foundation PO Box 646 Oak Lawn, IL 60454 | | | | | | |
| :728950841-109 | | book bal. | | | X | 69.00 |
| Scholastic Book Club 2931 East McCarty Street Jefferson City MO 65101 | | | | | | |
| xxxx | | unpaid credit | | | X | 419.00 |
| Rogers Enterprises PO Box 879 Matteson, IL 60443 | | | | | | |
| 64835 | | unpaid credit | | | X | 474.00 |
| Market Recovery / Americash PO Box 495 Stafford, TX 77497-0495 | | | | | | |
| 0016700848 | | daughter's med | | | X | 150.00 |
| Children's Memorial Hospital 75 Remittance Dr., 92611 Chicago, IL 60675 | | | | | | |
| 1035434 | | duahgter's med | | | X | 1,319.00 |
| Malcom S. Gerald Assoc.St. Alexis Medical Center 332 S. Michigan Ave., #514 Chicago, IL 60604 | | | | | | |
| Subtotal | | | | | | \$2,698.00 |
| Total | | | | | | |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | |

In Re:

RYLE, GINA L.

Document

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Case No.

| Debtor | | (if known) | | | |
|---|---|---|------------|--------------|-------------|
| Creditor's Name and Mailing Address Including Zip Code, and Account Number | Codebtor Husband, Wife, Joint, or Community | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed |
| 145174 | | daughter's med | | | X |
| DuPage Medical Group 135 S. LaSalle, Dept 1860 Chicago, IL 60674 | | | | | |
| 01-002712418 | | daughter's med | | | X |
| Armor Systems / NCH Medical Group 1700 Keifer Dr., Ste 1 Zion , IL 60099 | | | | | |
| 413870 | | daughter's med | | | X |
| NCH Medical Group 25228 Network Place Chicago, IL 60673 | | | | | |
| 8473929456243 | | phone | | | X |
| Enhanced Recovery / AT&T 8014 Bayberry Rd. Jacksonville, FL 32256 | | | | | |
| 07024271260 | | internet | | | X |
| Credit Coll. Services / AT&T UVerse Two Wells Ave. Newton, MA 02459 | | | | | |
| xxxx | | duahgter's med | | | X |
| Sherman Hospital 1425 N. Randall Rd. Elgin, IL 60123 | | | | | |
| IL 00248346A-00 | | premium owed??? | | | |
| Safe Auto Insur. | | | | | |
| Subtotal | | | | | \$3,050.00 |
| Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | \$24,985.00 |

In Re:

RYLE, GINA L.

Document

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Debtor

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State Whether Lease is for Nonresidential Real Property. State Contract Number of Any Government Contract |
|---|---|
| Marion Wellborn Landlord 423 Bernard Dr. Buffalo Grove, IL 60089 | residential lease |

Fill in this information to identify your case:

Debtor 1 GINA LOUISE RYLE
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Occupation

Gen. Manager

Employer's name

Jeffrey-Jae Corp.

Employer's address

1125 Wheeling Rd.,

Number Street

Number Street

Wheeling IL 60090

City State ZIP Code

City State ZIP Code

How long employed there? 16 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,200.00

\$

3. Estimate and list monthly overtime pay.

3. + \$

+ \$

4. Calculate gross income. Add line 2 + line 3.

4. \$ 2,200.00

\$ 0.00

Debtor 1

GINA
First NameLOUISE
Middle NameRYLE
Last Name

Case number (if known)

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-------------------|---|
| Copy line 4 here..... → 4. | \$ 2,200.00 | \$ 0.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 540.00 | \$ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ | \$ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ | \$ |
| 5d. Required repayments of retirement fund loans | 5d. \$ | \$ |
| 5e. Insurance | 5e. \$ | \$ |
| 5f. Domestic support obligations | 5f. \$ | \$ |
| 5g. Union dues | 5g. \$ | \$ |
| 5h. Other deductions. Specify: <u>garnishments</u> | 5h. + \$ 200.00 | + \$ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ 740.00 | \$ 0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 1,460.00 | \$ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ | \$ |
| 8b. Interest and dividends | 8b. \$ | \$ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ | \$ |
| 8d. Unemployment compensation | 8d. \$ | \$ |
| 8e. Social Security | 8e. \$ | \$ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ | \$ |
| 8g. Pension or retirement income | 8g. \$ | \$ |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ | + \$ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 0.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 1,460.00 + | \$ = \$ 1,460.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| | | 11. + \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | 12. \$ 1,460.00 Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

Debtor 1 GINA LOUISE
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

son, Anthony

23

☐ No

☒ Yes

daughter, Ashlee

21

☒ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?
- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 400.00

If not included in line 4:

4a. Real estate taxes

4a. \$

4b. Property, homeowner's, or renter's insurance

4b. \$

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$

Debtor 1 GINA LOUISE
First Name Middle Name Last Name

Case number (if known) _____

| | Your expenses |
|--|----------------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. \$ _____ |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ _____ |
| 6b. Water, sewer, garbage collection | 6b. \$ _____ |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ _____ 240.00 |
| 6d. Other. Specify: _____ | 6d. \$ _____ |
| 7. Food and housekeeping supplies | 7. \$ _____ 290.00 |
| 8. Childcare and children's education costs | 8. \$ _____ |
| 9. Clothing, laundry, and dry cleaning | 9. \$ _____ 50.00 |
| 10. Personal care products and services | 10. \$ _____ 40.00 |
| 11. Medical and dental expenses | 11. \$ _____ 40.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ _____ 100.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ _____ 0 |
| 14. Charitable contributions and religious donations | 14. \$ _____ 0 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ _____ |
| 15b. Health insurance | 15b. \$ _____ |
| 15c. Vehicle insurance | 15c. \$ _____ 40.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ _____ |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ _____ |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ _____ 100.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ _____ |
| 17c. Other. Specify: _____ | 17c. \$ _____ |
| 17d. Other. Specify: _____ | 17d. \$ _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). | 18. \$ _____ |
| 19. Other payments you make to support others who do not live with you. Specify: _____ assisting daughter who has medical problems | 19. \$ _____ 100.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ _____ |
| 20b. Real estate taxes | 20b. \$ _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ _____ |
| 20e. Homeowner's association or condominium dues | 20e. \$ _____ |

Debtor 1 GINA LOUISE
First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. **+\$** _____

22. **Your monthly expenses.** Add lines 4 through 21.
The result is your monthly expenses.

22. **\$** _____ 1,450.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** _____ 1,460.00

23b. Copy your monthly expenses from line 22 above.

23b. **− \$** _____ 1,450.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. **\$** _____ 10.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

rent will increase this year

DECLARATION CONCERNING DEBTOR(S) SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets (total shown on summary page plus 2), and that they are true and correct to the best of my knowledge, information, and belief.

Gina L. Ryle

Date

Signature of Debtor

Date

Signature of Joint Debtor

* * * * *

DECLARATION AND SIGNATURE OF BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required under that section; and (4) I will not accept any additional money or other property from the debtor before the filing fee is paid in full.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of Title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

* * * * *

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, _____ named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary of schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date

Signature of Authorized Individual

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

FORM 7. STATEMENT OF FINANCIAL AFFAIRS

**UNITED STATES BANKRUPTCY COURT
NORTHERN District of ILLINOIS**

In Re: RYLE, GINA L.
Debtor

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfer and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. **If the answer to an applicable question is "None", mark the box labeled "None".** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

None ☐ **1. Income from employment or operation of business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Amount | Source |
|----------------------|-------------------|
| \$2,200.00/mo. gross | Jeffrey-Jae Corp. |

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Amount

Source

3. Payments to creditors

None ☐ Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, [except for a debt on account of a domestic support obligation,] made within 90 days immediately preceding the commencement of this case. Indcate with an * any payments that were made to the creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Creditor | Dates of Payments | Amount Paid | Amount Still Owing |
|------------------------------|---------------------|-------------|--------------------|
| Buffalo Grove Oral Surgery | monthly garnishment | 280.00 | 1140.00 |

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counselig agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Creditor | Dates of Payments/ Transfers | Amount Paid or Value of Transfers | Amount Still Owing |
|------------------------------|---------------------------------|--------------------------------------|-----------------------|
|------------------------------|---------------------------------|--------------------------------------|-----------------------|

None ☒ c. All debtors: List all payment made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Creditor and Relationship to Debtor | Date of Payment | Amount Paid | Amount Still Owing |
|--|--------------------|----------------|-----------------------|
|--|--------------------|----------------|-----------------------|

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Caption of Suit and Case Number | Nature of Proceeding | Court or Agency and Location | Status or Disposition |
|---|----------------------|---------------------------------|--------------------------|
| 1. Buffalo Grove OralMaci Surgery v. Ryle, 15SC3777 | collection action | Lake County, IL | Jgmt, citation |
| 2.State Farm v. Ryle, 15M1 10497 | collection action | Cook Couty, IL | Jgmt. |
| 3. Capital One v. Ryle | collection action | Cook County, IL | Jgmt. |
| 4. Chorzempa&Zia v. Ryle, 98M3002991 | collection action | Cook County, IL | Jgmt. |

None ☒ Case 16-07797 Doc 1 Filed 03/07/16 Entered 03/07/16 13:59:26 Desc Main Document Page 35 of 57

List all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Person for Whose Benefit Property was Seized | Date of Seizure | Description and Value of Property |
|---|--------------------|--------------------------------------|
|---|--------------------|--------------------------------------|

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Creditor or Seller | Date of Repossession, Foreclosure Sale, Transfer or Return | Description and Value of Property |
|---|--|--------------------------------------|
|---|--|--------------------------------------|

None ☒

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address
of Assignee

Date of
Assignment

Terms of Assignment
or Settlement

None ☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address
of Custodian

Name and Location of Court
Case Title & Number

Date of Order

Description and
Value of Property

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Person or Organization | Relationship to Debtor, if any | Date of Gift | Description and Value of Gift |
|---|-----------------------------------|--------------|----------------------------------|
|---|-----------------------------------|--------------|----------------------------------|

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Description and Value of Property | Description of Circumstances and, if Loss was Covered in Whole or in Part by Insurance, Give Particulars. | Date of Loss |
|--------------------------------------|---|--------------|
|--------------------------------------|---|--------------|

9. Payments related to debt counseling or bankruptcy

None ☒ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

| Name and Address of Payee | Date of Payment, Name of Payor if other than Debtor | Amount of Money or Description and Value of Property |
|---|--|---|
| Frank M. Valenti, Esq. 101 E. St. Charles Rd., 203 Villa Park, IL 60181 | 11/10/15 | 1,300.00 |
| John R. Mack, Esq. 101 E. St. Charles Rd., 202 Villa Park, IL 60181 | 11/30/15 | 1,000.00 |

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | |
|---|------|---|
| Name and Address of Transferee, Relationship to Debtor | Date | Describe Property Transferred and Value Received |
|---|------|---|

- None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| | | |
|-------------------------------|------------------------|--|
| Name of Trust or Other Device | Date(s) of Transfer(s) | Amount of Money or Description and Value of Property or Debtor's Interest in Property |
|-------------------------------|------------------------|--|

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | |
|------------------------------------|--|---------------------------------------|
| Name and Address of Institution | Type of Account, Last Four Digits of Account Number, and Amount of Final Balance | Amount and Date of Sale or Closing |
|------------------------------------|--|---------------------------------------|

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Bank or Other Depository | Names and Addresses of those with Access to Box or Depository | Description of Contents | Date of Transfer or Surrender, if any |
|---|--|-------------------------|--|
|---|--|-------------------------|--|

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Creditor | Date of Setoff | Amount of Setoff |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

| Name and Address of Owner | Description and Value of Property | Location of Property |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

None ☒ If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| | | |
|---------|-----------|--------------------|
| Address | Name Used | Dates of Occupancy |
|---------|-----------|--------------------|

16. Spouses and former spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name

17. Environmental information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

| Site Name and Address | Name and Address of Governmental Unit | Date of Notice | Environmental Law |
|-----------------------|--|----------------|-------------------|
|-----------------------|--|----------------|-------------------|

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| Site Name and Address | Name and Address of Governmental Unit | Date of Notice | Environmental Law |
|-----------------------|--|----------------|-------------------|
|-----------------------|--|----------------|-------------------|

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| Name and Address of Governmental Unit | Docket Number | Status or Disposition |
|---------------------------------------|---------------|-----------------------|
|---------------------------------------|---------------|-----------------------|

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was a self-employed in a trade, profession, or other activity either full- or part-time within the six-years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

Name, Address, Last Four Digits of Soc. Sec. No.
Complete EIN or Other Taxpayer I.D. No.

Nature of Business

Beginning and
Ending Dates

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

Name

Address

The following questions are to be completed by every debtor who is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

Name and Address

Dates Services Rendered

- None ☒ b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of this debtor.

Name and Address

Dates Services Rendered

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

Name and Address

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

Name and Address

Date Issued

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| Date of Inventory | Inventory Supervisor | Amount of Inventory (Specify cost, market or other basis) |
|-------------------|----------------------|--|
|-------------------|----------------------|--|

- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

| Date of Inventory | Name and Address of Custodian of Inventory Records |
|-------------------|--|
|-------------------|--|

21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| Name and Address | Nature of Interest | Percentage of Interest |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

| Name and Address | Title | Nature and Percentage of Stock Ownership |
|------------------|-------|---|
|------------------|-------|---|

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

| | |
|------------------|--------------------|
| Name and Address | Date of Withdrawal |
|------------------|--------------------|

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

| | | |
|------------------|-------|---------------------|
| Name and Address | Title | Date of Termination |
|------------------|-------|---------------------|

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

| | | |
|--|--------------------------------|--|
| Name and Address of Recipient, Relationship to Debtor | Date and Purpose of Withdrawal | Amount of Money and Value of Property |
|--|--------------------------------|--|

24. Tax consolidation group

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of this case.

| | |
|----------------------------|--------------------------------|
| Name of Parent Corporation | Taxpayer Identification Number |
|----------------------------|--------------------------------|

25. Pension funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of this case.

| | |
|----------------------|--------------------------------|
| Name of Pension Fund | Taxpayer Identification Number |
|----------------------|--------------------------------|

[If completed by an individual or individual and spouse.]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| | | |
|-------|---|---------------------------|
| _____ | X | Gina L. Ryle |
| Date | | Signature of Debtor |
| _____ | X | |
| Date | | Signature of Joint Debtor |

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

| | | |
|-------|---|------------------------------------|
| _____ | X | |
| Date | | Signature of Authorized Individual |
| | | _____ |
| | | Printed Name and Title |

DECLARATION AND SIGNATURE OF BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required under that section; and (4) I will not accept any additional money or other property from the debtor before the filing fee is paid in full.

| | |
|--|--|
| _____ | _____ |
| Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer | Social-Security No. (Required by 11 U.S.C. § 110.) |

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person or partner who signs this document.

Address

| | | |
|---|---|-------|
| X | _____ | _____ |
| | Signature of Bankruptcy Petition Preparer | Date |

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of Title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT**NORTHERN District of ILLINOIS**In Re: RYLE, GINA L.
DebtorCase No. _____
(if known)**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

PART A - Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

| | |
|--|---|
| Property No. 1 | |
| Creditor's Name: Marion Wellborn, Landlord | Describe Property Securing Debt: rental residence |
| <p>Property will be (check one):</p> <p><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input checked="" type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p> | |

| | |
|---|--|
| Property No. 2 (if necessary) | |
| Creditor's Name: Kristin Anchor | Describe Property Securing Debt: 2000 Infiniti |
| <p>Property will be (check one):</p> <p><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input checked="" type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (check one):</p> <p><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p> | |

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attached additional pages if necessary.)

| | | |
|-------------------------------|----------------------------------|--|
| Property No. 1 | | |
| Lessor's Name: | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property No. 2 (if necessary) | | |
| Lessor's Name: | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property No. 3 (if necessary) | | |
| Lessor's Name: | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date

X Gina L. Ryle
Signature of Debtor

X _____
Signature of Joint Debtor

Debtor

(if known)

UNITED STATES BANKRUPTCY COURT
NORTHERN District of ILLINOIS

STATEMENT
Pursuant to Rule 2016(b)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with this bankruptcy case is as follows:

| | | |
|---|----|---------|
| For legal services, I have agreed to accept | \$ | 2536.00 |
| Prior to the filing of this statement I have received | \$ | 1356.00 |
| Amount of filing fee in this case paid | \$ | 356.00 |
| Balance Due | \$ | 1000.00 |

2. The source of the compensation paid to me was:

☐ Debtor(s) ☒ Other (Specify: Debtor's family)

3. The source of the compensation to be paid to me is:

☒ Debtor(s) ☐ Other (Specify:)

4. ☒ I have not agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- ☒ Analysis of the debtor(s) financial situation, and rendering advice to the debtor(s) in determining whether to file a petition in bankruptcy under title 11 of the United States Code.
- ☒ Preparation and filing of any petition, schedules, statements, and plan which may be required.
- ☒ Representation of the debtor(s) at the meeting of creditors.
- ☐ Negotiation of reaffirmation or surrender of secured collateral.
- ☐
- ☐

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Additional service time is billed at reduced hourly rate of \$200/office hour and \$250/court or outside of office hours.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

2/24/16

Date

X John R. Mack

Signature of Attorney

Fill in this information to identify your case:

Debtor 1 GINA LOUISE RYLE
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
(State)

Case number
 (If known) _____

Check one box only as directed in this form and in Form 22A-1Supp:

- ☐ ☒ There is no presumption of abuse.
- ☐ ☒ The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ ☒ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ ☒ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------|--|
|----------------------|--|

- | | | |
|--|-------------|----------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ 2,200.00 | \$ _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ _____ | \$ _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ _____ | \$ _____ |
| 5. Net income from operating a business, profession, or farm | | |
| Gross receipts (before all deductions) | \$ _____ | |
| Ordinary and necessary operating expenses | — \$ _____ | |
| Net monthly income from a business, profession, or farm | \$ _____ | \$ _____ |
| | Copy here → | |
| 6. Net income from rental and other real property | | |
| Gross receipts (before all deductions) | \$ _____ | |
| Ordinary and necessary operating expenses | — \$ _____ | |
| Net monthly income from rental or other real property | \$ _____ | \$ _____ |
| | Copy here → | |
| 7. Interest, dividends, and royalties | \$ _____ | \$ _____ |

Debtor 1 GINA LOUISE RYLE
First Name Middle Name Last Name

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ _____

For your spouse..... \$ _____

\$ _____

\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ _____

\$ _____

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. _____

\$ _____

\$ _____

10b. _____

\$ _____

\$ _____

10c. Total amounts from separate pages, if any.

+\$ _____

+\$ _____

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 2,200.00 +

\$ 0.00

= \$ 2,200.00

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11..... Copy line 11 here \rightarrow 12a. \$ 2,200.00

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 26,400.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Illinois

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. 13.

\$ 61,443.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

Gina L. Ryle

Signature of Debtor 1

X

Signature of Debtor 2

Date

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

UNITED STATES BANKRUPTCY COURT
NORTHERN District of ILLINOIS

In Re: RYLE, GINA L.
Debtor

Case No. _____
(if known)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 6 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

2/24/16
Date

John R. Mack
Signature of Attorney

Gina L. Ryle
Signature of Debtor

Signature of Joint Debtor

Signature of Authorized Individual

UNITED STATES BANKRUPTCY COURT
NORTHERN District of ILLINOIS

In Re: RYLE, GINA L.
Debtor

Case No. _____
(if known)

VERIFICATION OF MAILING LIST

The Debtor(s) certifies that the attached mailing list (only one option may be selected per form):

- ☒ is the first mail matrix in this case.
- ☐ adds entities not listed on previously filed mailing list(s).
- ☐ changes or corrects name(s) and address(es) on previously filed mailing list(s).
- ☐ deletes name(s) and address(es) on previously filed mailing list(s).

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct.

2/24/16

Date

John R. Mack

Signature of Attorney

Gina L. Ryle

Signature of Debtor

Signature of Joint Debtor

UNITED STATES BANKRUPTCY COURT**NORTHERN District of ILLINOIS**In Re: RYLE, GINA L.

Case No. _____

Debtor

(if known)

Chapter 7**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

| (1) | (2) | (3) | (4) | (5) |
|---|---|--|---|---|
| Name of creditor and complete mailing address including zip code | Name, telephone number and complete mailing address, including zip code of employee, agent, or department of creditor familiar with claim who may be contacted. | Nature of claim (trade debt, bank loan, government contract, etc.) | Indicate if claim is contingent, unliquidated, disputed or subject to setoff. | Amount of claim [if secured also state value of security] |
| 1 MECU-Motoral Employees Credit Union 1205 E. Algonquin Rd. Schaumburg, IL 60196 | | | Disputed | 3,855.00 |
| 2 Elman Law Group/Illinois State Tollway Authority 212 W. Washington St., #1208 Chicago, IL 60606 | | | | 2,170.00 |
| 3 RepWest Insurance Group PO Box 21688 Phoenix, AZ 85036 | | | Disputed | 1,919.00 |
| 4 Credit Coll. Services / AT&T UVerse Two Wells Ave. Newton, MA 02459 | | | Disputed | 1545.00 |